

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90037 004 *****55.00



DOCUMENT # L04000022811
 1. Entity Name
 168 CAPITAL INVESTMENT, L.L.C.

Principal Place of Business
 168 S.E. 1ST STREET, 6TH FLOOR
 MIAMI, FL 3313

Mailing Address
 168 S.E. 1ST STREET, 6TH FLOOR
 MIAMI, FL 3313

2. Principal Place of Business
 168 S.E. 1st Street
 Suite, Apt., etc. 600

3. Mailing Address
 168 S.E. 1st Street
 Suite, Apt., etc. 600



01072005 Chg-LLC CR2E083 (10/03)

City & State
 MIAMI - FL

City & State
 MIAMI - FL

4. FEI Number
 83-0392478

Applied For
 Not Applicable

Zip
 33131

Country
 USA

Zip
 33131

Country
 USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ROMAN, NORBERTO M
 168 S.E. 1ST STREET, 6TH FLOOR
 MIAMI, FL 3313

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROMAN, NORBERTO M 168 S.E. 1ST STREET, 6TH FLOOR MIAMI, FL 3313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Norberto Roman Jan-10-05 (305) 371-6810
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #